ht or type in the unshaded areas only Form Approved OMB No. 158-R0175 reas are spaced for elite type, i.e., 12 characters (inch). U.S. ENVIRONMENTAL PROTECTION AGENCY I, EPA I.D. NUMBER GENERAL INFORMATION N M D O O O 8 O 4 4 O Consolidated Permits Program
(Read the "General Instructions" before starting. GENERAL INSTRUCTIONS If a preprinted label has been provided, affix , D. NUMBÈR it in the designated space, Review the information carefully; If any of it is incorrect, cross through it and enter the correct data in the ACILITY NAME appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is AILING ADDRESS please place label in this space complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided, Refer to FAČILITY the instructions for detailed item descrip-tions and for the legal authorizations under which this data is collected. LOCATION I, POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. SPECIFIC QUESTIONS BRECIFIC QUESTIONS NO ATTACHE B. Does or will this facility *leither existing or proposed)* include a concentrated animal feeding operation or equatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) X X 20 12 D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) C. Is this a facility which currently results in discharges 1) to waters of the U.S. other than those described in 26 A or B above? (FORM 2C) 21 23 F. Do you or will you inject at this facility industrial or E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) X X 32 G. Do you or will you inject at this facility any produced H. Do you or will you inject at this facility fluids for spewater or other fluids which are brought to the surface X cial processes such as mining of sulfur by the Frasch in connection with conventional oil or natural gas proprocess, solution mining of minerals, in situ combus-tion of fossil fuel, or recovery of geothermal energy? X duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) (FORM 4) Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-structions and which will potentially emit 100 tons is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons X per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) per year of any air pollutent regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) III. NAME OF FACILITY NUCLEAR-HOMESTAKE PARTNERS UNITED SKIP 15 16 - 29 IV. FACILITY CONTACT B. PHONE (area code & no.) A. NAME & TITLE (last, first, & title) 4 5 ENV. A F F 5 0 KENNEDY, DIR. EDWARD V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX G.STATE D. ZIP CODE N 'M 8 7 0 2 0 GRANTS VI, FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER MATEO ROAD ΑN DEC 22 1980 B. COUNTY NAME MCKINLEY C. CITY OR TOWN E. ZIP CODE M n 'A

N A 6

3

CONTINUED FROM THE FRONT VII. SIC CODES (4-digit, in order of priority)		'		,	
A. FIRST				B, SECOND	
7 1 0 9 4 (specify) MINING URANIUM ORE		7	(specify)		
C, THIRD		35 16 - 19		P. FOURTH	
(specify)		7	(specify)		
VIII. OPERATOR INFORMATION		15 16 - 19			
	A, NAME				B. Is the name liste
8 U N I T E D N U C L E A R -	HOMESTA	KE PAR	TNERS		owner?
C. STATUS OF OPERATOR (Enter the appropri	ingle letter into the answe	r boy if "Other"	angelfu I		55 66
F = FEDERAL M = PUBLIC (other than fede S = STATE O = OTHER (specify)		pecify)	- 1/2		(area code & no.)
P = PRIVATE E. STREET OR P.	38	PRIVATE		A 5 0 5 2	2 8 7 4 4 5 6
P.O. B.O.X. 9.8					energia en en el caral. Norma es constanta en el
F. CITY OR TOWN			33		
B G R A N T S		G,STATE	1 1 1	X, INDIAN LAND Is the facility located	
6 16		N M	8 7 0 2 0	YES 52	⊠ NO
EXISTING ENVIRONMENTAL PERMITS		40 41 42	47 - 51		
A. NPDES (Discharges to Surface Water)	D. PSO (Air Emissions		ources)		
N N M O O 2 O 3 8 9					
B. UIC (Underground Injection of Fluids)	E. OTHER		30		
	AND MANAGED OCCUPANT	· · · · · · · · · · · · · · · · · · ·	(specify	State Gre	oundwater
C. RCRA (Hazardous Wastes)	E, OTHER	R (specify)		Discharge	Plan for pon
B , , , , , , , , , , , , , , , , , , ,			(specify	<i>"</i>	
XIMMAR	6 10 17 10	-	30		10 W. H. L.
Attach to this application a topographic map of the outline of the facility, the location of each	the area extending to	at least one mil	e beyond prope	rty bounderies. Ti	he map must show
treatment, storage, or disposal facilities, and ea water bodies in the map area. See instructions fo	ich well where it inled	ts fluids under	ing discharge st Jround, Include	all springs, rivers	ts hazardous waste and other surface
XII. NATURE OF BUSINESS (provide a brief description					
				The second secon	
Uranium mining and milling	* 1				
				4.	
		.			
1.1 24.1					
III. CERTIFICATION (see instructions)	The state of the s				The state of the s
I certify under penalty of law that I have person	nally examined and an	n familiar with t	he information	Substituted in the	
false information, including the possibility of fine	I SHOT IN NOT BE THE WAR A SALE	uece, I am awar	e that there are	significant penali	ties for submitting
NAME & OFFICIAL TITLE (type or print) John M. Parker	B. SIGNATU	RÉ)		С. Д	ATE SIGNED
General Manager	M.L	Vacke		17	2/19/80
OMMENTS FOR OFFICIAL USE ONLY	1 1				
A Form 3510-1 (6-80) REVERSE					1

o you have any knowledge or reason to believe to ceiving water in relation to your discharge withing water in relation to your discharge withing water in relation to your discharge within the test(s)	that any biological test for acute or chronic toxin the last 3 years? and describe their purposes below)	icity has been made on any o	of your discharges or on a
■ YES (identify the test(s)	and describe their purposes below)	NO (go to Se	
			ction VIII)
			Y = 1 - 1 - 1 - 1 - 1 - 1
ONTRACT ANALYSIS INCORNATION			
ONTRACT ANALYSIS INFORMATION			
e any of the analyses reported in Item V perfor	med by a contract laboratory or consulting firm	n?	THE RESERVE OF THE PARTY OF THE
XVES (list the name, addre analyzed by, each su	ess, and telephone number of, and pollutants ach laboratory or firm below)	No (go to Sect	tion IX)
A. NAME	B. ADDRESS	C. TELEPHONE	D. POLLUTANTS ANAL
		(area code & no.)	(list)
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	Houston, Texas 77058	488-1810	identified as 1
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			S. C.
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	A DESCRIPTION OF REAL PROPERTY.		Service of the servic
	A District of the Control of the Con		A Company
	A DESCRIPTION OF THE PROPERTY		
PILICATION			
RTIFICATION			
ify under penalty of law that I have per-	sonally examined and am familiar with t	he information submitte	ed in this application and
ify under penalty of law that I have personents and that, based on my inquiry of			
ify under penalty of law that I have personents and that, based on my inquiry of ation is true, accurate and complete. I a			
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ify under penalty of law that I have personents and that, based on my inquiry of ation is true, accurate and complete. I a		le for obtaining the infon alties for submitting false	
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ify under penalty of law that I have personnents and that, based on my inquiry of ation is true, accurate and complete. I ability of fine and imprisonment. AME & OFFICIAL TITLE (type or print) John M. Parker, General M	am aware that there are significant pena	B. PHONE NO.	mation, I believe that the e information, including to a code & no.) 87–4456

CONTINUED FROM PAGE 2

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2, SOURCE
		20 1	a d
Uranium	0re		
			- made
Vanadium	0re		
TENTIAL DISCHARGES N	IOT COVERED BY ANALYSIS		

A	. Is any pollutant listed in Item V-C a substance or a component	of a substance which you	do or expect that ye	ou will over the next	. 5 years use or manufactur
	as an intermediate or final product or byproduct?				

YES (list all such pollutants below)

X NO (go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

YES (complete Item VI-C below)

X NO (go to Section VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.